

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/469791
Filing Date	12/22/1999
First Named Inventor	Charles Robert Kalmanek, Jr. et al.
Group Art Unit	2665
Examiner Name	D. Ho
Attorney Docket Number	113335F

Total Number of Pages in this Submission

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JUN 09 2003

## Enclosures (check all that apply)

Technology Center 2600

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / Declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet<br><input type="checkbox"/> Drawing(s) & Letter to Official Draftsman<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition to the Commissioner<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> CD, Number of CDs<br><input type="checkbox"/> Additional enclosure(s) (please identify below) |
|---|---|---|

Remarks

## CORRESPONDENCE ADDRESS


☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

NAME	Samuel H. Dworetzky		
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COUNTRY	United States of America	ZIP CODE	07748-4110
		FAX	732-368-6932

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Cedric G. DeLaCruz	Reg. #	36498
TELEPHONE	908-532-1882		
SIGNATURE		DATE	06/03/2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 06/03/2003

Type or Printed Name  
Rosemary Drazenovich

Signature

Date

06/03/2003

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

Complete if Known

**TOTAL AMOUNT  
OF PAYMENT**

\$110

Application Number

09/469791

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First Named Inventor

Charles Robert Kalmanek, Jr. et al.

Examiner Name

D. Ho

Group/Art Unit

2665

Attorney Docket No.

113335F

**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745

Deposit Account Name AT&amp;T CORP.

Charge Any Additional Fee  
Required Under 37 CFR 1.16  
and 1.17Charge the Issue Fee Set in 37  
CFR 1.18 at the Mailing Date  
of the Notice of Allowance**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	750	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	330	Design Filing Fee	
1004	750	Reissue Filing Fee	
1005	160	Provisional Filing Fee	

**SUBTOTAL (1)**

0

**2. CLAIMS**☐ Filing Under 37CFR 1.53 (b)☐ CPA Under 37CFR 1.53 (d)☐ Amendment

Extra Claims	Fee from below	Fee Paid
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Total	- 20 =	0	x	18	=	0
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Ind.	- 3 =	0	x	84	=	0
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Multiple Dependent Claims					=	0
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Large Fee Code	Entity Fee(\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent Claims in excess of 3
1203	280	Multiple Dependent Claims
1204	84	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

\*\* or number previously paid, if greater; for Reissues, see above

**SUBTOTAL (2)**

0

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	110	Extension for response within first month	110
1252	410	Extension for response within second month	
1253	930	Extension for response within third month	
1254	1450	Extension for response within fourth month	
1255	1970	Extension for response within fifth month	
1401	320	Notice of Appeal	
1402	320	Filing a brief in support of an appeal	
1403	280	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	110	Petition to revive - unavoidable	
1453	1300	Petition to revive - unintentional	
1501	1300	Utility issue fee (or reissue)	
1502	470	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	

Other fee (specify):

**SUBTOTAL(3)**

110

**SUBMITTED BY**

Typed or Printed Name Cedric G. DeLaCruz

Complete (if applicable)

Reg. Number 36498

Signature

Date

06/03/2003

Deposit Account User ID